Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1-15 2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

SEP, 0 1 2006

STATE CLEARING HOUSE

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED 9/1/2006		Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Applicati	on Identifier	
Application	Pre-application	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identif	ier	
Construction	Onstruction Non-Construction					
Non-Construction 5. APPLICANT INFORMATION	I Non-Construction					
Legal Name:			Organizational Un Department:	<u>it:</u>		
Rural Community Assistance C	corporation					
Organizational DUNS: 09-358-7368			Division:			
Address:	REC	EIVED	Name and telepho	ne number of pe	rson to be contacted on matters	
Street: 3120 Freeboard Dr Ste 201			Prefix:	First Name:	a coue)	
	SEP.	1 2006	Ms Middle Name	Diana	than the state of	
City: West Sacramento				a namel and annual. Physical pagestrate pagestra a recommensate la de la come habit delle est	7 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
County: Yolo	STATE CL	EARING HOUSE	Last Name Varcados			
State: CA	Zip Code 95691-5010	CHICAGO DE TRANSPORTA DE CARACTER DE LA CARACTER DE	Suffix:			
Country: United States of America	30031-0010		Email: dvarcado@rcac.or	n		
United States of America 6. EMPLOYER IDENTIFICATION 6. E	ON NUMBER (EIN):		Phone Number (giv		Fax Number (give area code)	
			916/447-9832 x104	16	916/447-2878	
9 4 - 2 5 1 2 2 8 4 8. TYPE OF APPLICATION:	*]		7. TYPE OF APPL	ICANT: (See bac	k of form for Application Types)	
O. TTPL OF AFFLICATION.	w 🗸 Continuation	n Revision	O - Not For Profit			
If Revision, enter appropriate le (See back of form for descriptio	tter(s) in box(es)		Other (specify)			
Other (anonify)			9. NAME OF FEDI	RAL AGENCY:		
Other (specify)			Department of Hea	alth and Human Se		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:			CANT'S PROJECT: int Activities Program	
		93-570	CSB - Rural Com	numity Developme	at Activities i Togram	
TITLE (Name of Program):						
12. AREAS AFFECTED BY P	ROJECT (Cities, Countie	es, Stales, etc.):				
AK, AZ, CA, CO, HI, ID, NV, N	IM, OR, UT, WA					
13. PROPOSED PROJECT	Ending Date:		14. CONGRESSIC a. Applicant	NAL DISTRICTS	b. Project	
Start Dale: 9/30/2006	9/29/2007		01		Various rural areas (see #12)	
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE	
a. Federal	\$	1,008,622	THIS	PREAPPLICATIO	N/APPLICATION WAS MADE	
b. Applicant	¢	1,008,622	7147116	ABLE TO THE S SESS FOR REVIE		
	Ψ	- OD	DATE	: 9/1/2006		
c. State	*	. 00			VEDED BY E A 19979	
d. Local	\$	•	D. 140' 11.1		VERED BY E. O. 12372	
e. Other	\$.00	LJ FOR I	REVIEW	OT BEEN SELECTED BY STATE	
f. Program Income	\$.00	17. IS THE APPL	CANT DELINQUI	ENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$.	1,008,622	Yes If "Yes" at			
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES IF	Y AUTHORIZED BY TH	E GOVERNING BODY O	PPLICATION/PREAP F THE APPLICANT A	PLICATION ARE ND THE APPLIC	TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE	
a. Authorized Representative			Mic	idle Name		
Prefix Mr	First Name Kevin					
Last Name McCumber			Su			
b. Title Chief Financial Officer			c. 191	Telephone Numbe 6/447-9832 x 102	er (give area code) 7	
d. Signature of Authorized Rep		no Cumbo	6	Date Signed	At 1,2006	
Previous Edition Usable	Messen	1 - WILLIAM			Standard Form 424 (Rev.9-200	
Authorized for Local Reproduc	ction				Prescribed by OMB Circular A-10	

FEDERAL ASSISTANCE		2. DATE SUBMITTED September 12, 2006			Applicant Identifier		
1. TYPE OF SUBMISSION:		3. DATE RECE	IZ, 2006 IVED BY STATI	777	State Applicat	tion Identifier	
Application	Pre-application			_	State Applica	don identilier	
☐Construction	Construction	4. DATE RECE	IVED BY FEDE	RAL AGENCY	Federal Identi	ificr	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:	, , , , , , , , , , , , , , , , , , ,		Organizati	onal Unit			
Reef Check Foundation	1		Departmen			· · · · · · · · · · · · · · · · · · ·	
Organizational DUNS:			Division:				
192774805	Microsoft Company of the Company of	and the same of th	Division.				
Address:	RECEN	7ED	Name and	telephone num	ber of person to	be contacted	on matters
Street:	" a service of the Person I. A.	ham had	Involving t	his application	(give area code)_	
PO Box 2057	SEP. 082	one l	Prefix:		First Name:		
17575 Pacific Coast Hig	nway	.000	Dr.		Craig		
City: Pacific Palisades	STATE OF STATE		Middle Nam	ne			
County:	STATE CLEARING	HOUSE -	Samuel Last Name				
Los Angeles	A TOTAL STATE AND A STATE OF THE STATE OF TH	COMMISSION OF THE PERSON OF TH	Shuman				
State:	Zip Code		Suffix:				
California	90292			_	1		
Country: United States of			Email: Csh	uman@reefc	heck.org		
6. EMPLOYER IDENTIFICATION: 9 5 - 4 8 5 8 6 4 9 8. TYPE OF APPLICATION:	TION NUMBER (EIN):		Phone Num 310-230-23	iber (give area coo 71		Number (give are	a code)
			7. TYPE OF	APPLICANT: (See back of form	1 for Application	Types)
If Revision, enter appropriate	⊠New	n 🔲 Revisio	пО				
(See back of form for descrip	tion of letters.)		Other (spec	cify)			
Other (specify)		_	9. NAME O	F FEDERAL AG	ENCY: NOAA		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER: 1 1 - 4 6 3			F APPLICANT'S		.1
TITLE (Name of Program):Ha	bitat Conservation	1.11.11 1.11.19114			community-bouthern Califo		11
12. AREAS AFFECTED BY	PROJECT (Cities, Counties	s, Stales, etc.):					
Southern California Bight 13. PROPOSED PROJECT			44.000				
Start Date: June 1, 2007	Ending Date: Dec	rember 31 2008	a. Applicant	ESSIONAL DIS		1A	<u> </u>
		Schiber 31, 2000	30		b. Pro 23, 24	1, 30, 36, 46, 48	44 49 50
15. ESTIMATED FUNDING:			16. IS APPL ORDER 123	JICATION SUBJ	ECT TO REVIE	W BY STATE E	XECUTIVE
a. Federal \$	80,000	.00	a. Yes, X	THIS PREAPP	LICATION/APPL	ICATION WAS	MADE
b. Applicant \$.00.		AVAILABLE TO	THE STATE E	XECUTIVE OR	DER 12372
c. State \$.00	- -	l	R REVIEW ON		
d. Local \$.00	- . 	DATE: Septem		. =	
			b. No. _		NOT COVERED		
e. Other \$	130,000	.00	<u> </u>	FOR REVIEW	I HAS NOT BEE		
f. Program Income \$	50,000	.00			LINQUENT ON A		DEBT?
g. TÖTAI \$	260,000	.00.	1	'es" attach an ex	,	X No	
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL THE ATTACHED AGGURANCE	T AUTHORIZED BY THE	, ALL DATA IN TO GOVERNING BO	HIS APPLICATI DDY OF THE AF	ON/PREAPPLIC PLICANT AND	ATION ARE TR THE APPLICAN	UE AND CORF	RECT. THE LY WITH
a. Authorized Representative							
Prefix Dr.	First Name: Gregor			Middle N	lame		
Last Name: Hodgson		Minda and the second se		Suffix			_
b. Title: Executive Directo					none Number (giv	ve area code)	
Email: Gregorh@reefcheo	ck,org	1/1	Λ .		0-237 nber (give area cod 0-2376	10)	,
d Signature of Authorized Rep	presentative XX	n Ma	MAKEN	e. Date S	Signed 4/	8/06	
Previous Edition Usable Authorized for Local Reproduc	tion				Star Presc	ndard Form 424 cribed by OMB	(Rev 9-2003) Circular A-102

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APPLICATION FOR		,	A BATE OURSE	FN		Applicat	Version 9	1/03
FEDERAL ASSISTANC	E		2. DATE SUBMITTED September 12, 2006			''		
1. TYPE OF SUBMISSION:			3. DATE RECEIVE	D BY STATE		State Ar	oplication identifier	
Application ☐Construction ☑Non-Construction			4. DATE RECEIVE	4. DATE RECEIVED BY FEDERAL AGE		Federal	Identifier	
5. APPLICANT INFORMATIO Legal Name:	N			Organization	ial Unit:			
Reef Check Foundation		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	AND ASSESSMENT AND ASSESSMENT OF THE PROPERTY AND ASSESSMENT OF THE PROPERTY ASSESSMENT OF THE PROPERT	Department:				
Organizational DUNS: 192774805		REC	EIVED	Division:				
Address:			0 8 2006	Name and te	lephone nun	nber of pen	son to be contacted on matters code)	5
Street: PO Box 2057			1	Prefix: Dr.	2000 M	First Na Craig		
17575 Pacific Coast High	hway	GTATE CL	EARING HOUSE	Middle Name		Oralg		
City: Pacific Palisades		SIAIL		Samuel	•			
County:				Last Name				
Los Angeles	<u> </u>			Shuman	,			
State: California		p Code 0292		Suffix:				
Country: United States of	America			Email: CShu				
6. EMPLOYER IDENTIFICAT	TION NUME	BER (EIN):	•	310-230-237	per (give area c 1	1	Fax Number (give area code) 310-230-2376	
9 5 - 4 6 5 8 6 4 9 8. TYPE OF APPLICATION:		Continuati	on Revision	7. TYPE OF	APPLICANT	: (See back	of form for Application Types)	
If Revision, enter appropriate (See back of form for descrip	⊠New letter(s) in tion of letter	box(es) 's.)		Other (specify)				
Other (specify)					FEDERAL A			
10. CATALOG OF FEDERA	L DOMEST	IC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Reef Check California community-based subtidat				
TITLE (Name of Program):Ha			[1] [1] - [4] [6] [3]	monitoring	ck Callforni g program,	southern	California	
12. AREAS AFFECTED RY			es. States, etc.);					
Southern California Bight				14. CONGR	ESSIONAL D	ISTRICTS	OF:	
13. PROPOSED PROJECT Start Date: June 1, 2007	E	nding Date: D	ecember 31, 2008	a. Applicant			b. Project 23, 24, 30, 36, 46, 48, 41, 49, 5	50
15. ESTIMATED FUNDING:				16. IS APPL	172 PROCES	5?	REVIEW BY STATE EXECUTIV	/E
a Federal \$	80,000		.00	a. Yes. X	THIS PREA	PPLICATIC	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 123	72
b. Applicant \$.00	1	PROCESS	FOR REVIE	W ON	
c. State 5			.00	1	DATE: Sep			
d. Local \$,00,	b. No. _			VERED BY E. O. 12372	_
e. Other \$)	,00	- 1_1	FOR REVIE	•W	OT BEEN SELECTED BY STAT	
f. Program Income \$	50,000		.00	1	APPLICANT	DELINQUE	NT ON ANY FEDERAL DEBT?	
y, TOTAL \$	260,000)	.00	_ Yes If "Y	res" attach er	explanation	n. X No	J.C
18. TO THE BEST OF MY P DOCUMENT HAS BEEN DO THE ATTACHED ASSURA	ULY AUTHI	SE AND BELI ORIZED BY TI	EF, ALL DATA IN TH HE GOVERNING BO	HIS APPLICAT DDY OF THE A	ION/PREAPF PPLICANT A 	ND THE AF	ARE TRUE AND CORRECT. THE PLICANT WILL COMPLY WITH	1
a. Authorized Representativ	e				Mide	lle Name		
Prefix Dτ.	First Nam	ne: Gregor			Suffi			
Last Name: Hodgson					1		ımber (give area code)	
b. Title: Executive Direc	tor	_	<u></u>		310	-230-237	1	
Email: Gregorh@reefch		(),		A	310	-230-237	ve area code)	
d. Signature of Authorized F	Representat	ive X	ion No	CHARLO	e. D	ate Signed	Standard Form 424 (Rev 9-	-2003)
Previous Edition Usable Authorized for Local Reprod	duction			\bigcup	i		Prescribed by OMB Circular	A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	9-11-06	Applicant Ide	Version 7/03
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B		State Applica	Mon Identifier
Application	Pre-application	1			
Construction	[Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Ident	fier
Non-Construction 6. APPLICANT INFORMATION	Non-Construction				
Legal Name			Organizational Unit	•	
Lorean Williamson (Real Estate	Saniras Naturak		Department:		
Organizational DUNS:	TREC	FIVED	Division:		
Address		LIVELI			
Street:	SEP	1 2006	involving this appli	cation (give are	erson to be contacted on matters as code)
PO Box 263		1 2000	Prefix: Ms.	First Name Lorean	
City:	STATE CLEA	RING HOUSE	Middle Name	Leorbari	
Moreno Valley County;		TING HOUSE	Last Name		1 CH
Riverside	k-		Last Name Williamson		•
State: CA	Zip Code 92556		Suffix:		
Country: USA			Email: housebz02@hotmal	l coro	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give		Fax Number (give area corte)
20-40276995	_		951 247 5277	·	951 242 4028
8. TYPE OF APPLICATION:	1		7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
₩ New	v Continuation	n Fevision	L. Individual	•	
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)		Other (specify)		
			Other (Specify)		
Other (specify)			9. NAME OF FEDER U.S. Small Business		
10. CATALOG OF FEDERAL	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE T		CANT'S PROJECT:
FITLE (Name of Program):		[5] 3]-[0][3][7]	New Business Deve County.	lopment for Mine	ority Owned Business in Riverside
12. AREAS AFFECTED BY PR	OJECT (Cilies Counties	States etc.)			
cities	ODD (OMOD) ODD/MCD	, 43.0103, 010.)			
13. PROPOSED PROJECT	*10W ,	* I * W * * * * * * * * * * * * * * * *	14 CONGRESSION	AL DISTRICTS	OF: MILLY BOLD 11 (15)
Start Date:	Ending Date:		a. Applicant		b. Project
09/01/2006 15. ESTIMATED FUNDING:		<u> </u>	Lorean Williamson	SUB IECT TO	Business Development REVIEW BY STATE EXECUTIVE
	,	·	ORDER 12372 PROC	ESS7	
a. Federal S		50,000			WAPPLICATION WAS MADE ATC EXECUTIVE ORDER 12372
b. Applicant \$		in the second		SS FOR REVIEW	
c. State \$			DATE: 0	19/11/2006	
d. Local §			b. No. PROGRA	AM IS NOT COV	/ERED BY E. O. 12372
e. Other \$, DD	1 1 1		T BEEN SELECTED BY STATE
f. Program Income \$.nn	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL.	• ••••	6777 (har)	··	h an explanation	n. 🖳 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPL	CATION ARE	RUE AND CORRECT. THE
a. Authorized, Representative Prefix Ms.	First Name		'IMidalia	Name	
l	Lorean			, , , , , , , , , , , , , , , , , , ,	
Last Namo Williamson			Suffix		
b. Yitle Owner				phone Number	(give sites code)
d. Signature of Authorized Repre	Bentative /	- 5327		92 2942 e Signed	
Previous Edition Usable	<u> </u>	- 27 MMC		7	- / / · - / / · / · / · Standard Form 424 (Rev.9-2003)
Authorized for Local Reproductio	n				Prescribed by OMB Circular A-102

At IALMWIENT IL- SE 124
Date of form: Lanuary 31, 2006

		1				Version 7/0		
APPLICATION FOR FEDERAL ASSISTANCE			2 DATE SUBM		2008	Applicant Identifier		
1. TYPE OF SUBMISSION:				July 10, 2006 DATE RECEIVED BY STATE		State Application Identifier		
· ^ op@cation	Pn	aspplication :				· ·		
construction		Construction "	4. DATE RECD	BY FEDER	AL AGENCY	Federal Identifier		
Non-Construction X		Nan-Construction						
S. APPLICANT INFORMATION								
egal Name;					Organizational Uni	li		
State of California, Employs	ment Dave	looment Denarts	nent		, ·	nployment Development Department		
Organizational DUNS:		opinent separat	1411		Division:	mproyiment = ==================================		
	6143	215531			•	Fiscal Programs Division		
Iddress: (Street, City, County, State	, Zip Code)					e number of person to be consisted on matters involving this		
		- Format and the second second	The second of the second of the second		application (Prefix, F	Ret MI, Lest)		
		/ RE	CEN/E		,			
800 Capitol Mall, MIC 20		1 1 1	JEIVE	DI	M- CA D M-	L. Lab Candana Canama Managas		
Sacramento, Sacramento C	County, CA	95814	2006 J 3 2006	-	Mr. Steve P. Va	l, Job Services Program Manager		
	•) SEP	1 3 2006	1				
					Email:			
		STATE GLI	EARING HOL	10-1	sval@edd.ca.go	DV		
8. EMPLOYER IDENTIFICATION N	NUMBER (FI	1	THE PART OF	18E	Phone number (give			
94-265		•				(916) 654-8514		
8. TYPE OF APPLICATION					1. TYPE OF APPL	CANY (See back of form for Application Types)		
Now	<u></u>	חלוחשולטח	X Revision		A. State			
If Revision, onter appropriate letter(s) in bowlest		A	C	A. GIAID			
See beck of form for description of	lattera)		رنتن,	<u>.</u>				
Other (specify)					Olher (specify)			
Julius (Spacily)					S. NAME OF FEDER	RAL AGENCY:		
· · · · · · · · · · · · · · · · · · ·						U.S. Department of Labor / VETS		
10. CATALOG OF FEDERAL DOM		TANCE NUMBER:			11. DESCRIPTIVE T	ITLE OF APPLICANTS PROJECT:		
The state of the s		4 (LVER)						
					John for Veters	ns State Grants		
.TLE (Name of Program): 12. AREAS AFFECTED BY PROJE	Jobs (c	or Vaterans State	Grants		2024 (2. 12.0.2			
		lewide						
13. PROPOSED PROJECT: Start Date:	Ending Da	20'	14. CONGRESS 8. Applicant		TRICTS OF:	b. Project		
October 1, 2006		mber 30, 2007	ш. курпаши	Sacram	ento-3	Statewide (1-53)		
16. ESTIMATED FUNDING:			16. IS APP			EW BY STATE EXECUTIVE		
- Endamid		C46 672		R 12372 PR		* TONING LARDE AVAILADIE		
a. Federal (lote) of current funding)		\$16,573,				ATION WAS MADE AVAILABLE 2372 PROCESS FOR REVIEW ON:		
b. Applicant		s			DATE: 7/10/2005			
c. State		S	P. NO.		PROGRAM IS NOT	COVERED BY E.O. 12372.		
d. Local	-	s			OR. PROGRAM HAS	S NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other (TAP, Approved Special In	itistives)	\$1,139,	17. IS APPL	LICANT DE	LINQUENT ON ANY	FEDERAL DEBT?		
f. Program Income		<u> </u>			If "Yea" attach an e	No X No		
# Eurifician Turinte		-		Yea	11 .444. 31550 9U 6	AMBINGROUN (19)		
g. YOTAL		\$17,712,						
						UE AND CORRECT. THE DOCUMENT HAS BEEN		
duly authorized by the gov is awarded.	EKRING 40	UT UP THE APPLICAT	N ARU INE APP	LILARY W	LL CUMPLY WITH T	THE ATTACHED ASSURANCES, IF THE ASSISTANCE		
a. Authorized Representative				V				
Vis.	Nama Ca			MIDDIM NO	ıma	•,		
AGT Namo	·u			Suffix				
Anderson								
o. Title		•		c. Telaph	one Number (give are	a coda)		
Chief, Fiscal Programs Div	ision					(916) 654-8221		
Signature of Authorized Represen	ntative			e. Date S	gned			
. Tour M	rdeis			1	7/10/06			
Previous Edition Usague	weeks	-On		<u> </u>	1110100	Standard Form 424 (Rev. 8-2003)		
Authorized for Local Reproduction	•					Prescribed by OMB Gircular A-102		

ATTACHMENT (1 - SP 424 Date of force: James y 31, 2006

				Version 7/03		
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBM	•	Applicant Identifier		
1. TYPE OF SUBMISSION:			tember 13, 2006 VED BY STATE	Stata Application Identifier		
Application	Ргеаррікаtion			and a special series		
Construction	Construction	4. DATE REC'D	BY FEDERAL AGENCY	Federal Identifier		
Nun-Construction X	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Ulenobesinegio	n/r		
			Départment	/// I		
State of California, Employment D	evelopment Departn	nent		Employment Dovolopment Department		
Organizational DUNS:	44046604		ביים ביים ביים ביים ביים ביים ביים ביים			
Address: (Street, City, County, State, Zp Coo	14215531		Name and talach	Fiscal Programs Division one number of person to be contected on matters involving this		
	,		application (Prefix	are number of parson to be compared on manage myolving mis , First, MI, Last)		
800 Capitol Mall, MIC 20 Sacramento, Sacramento County,	į.	CEIVE	13	/al, Job Services Budget Manager		
				gav		
6. EMPLOYER IDENTIFICATION NUMBER	(EIN) ISTATE	CLEARING	HOUSE aval@edd.ca.	ve area code)		
94-265040	1	and the second second		(916) 654-8514		
8. TYPE OF APPLICATION	70		7. TYPE OF APP	LICANT (See back of form for Application Types)		
	Continuation	X Revision	A. State			
If Revision, enter appropriate letter(s) in box((See back of form for description of letters)	98).	A	Other (apecify)			
Other (apecify)	!		9. NAME OF FED	ERAL AGENCY:		
10. CATALOG OF FEDERAL DOMESTIC AS)			U.S. Department of Labor / VETS		
17 8	0 1 (DVOP) 0 4 (LVER)		11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJECT:		
TITLE (Name of Program): Jobs 12. AREAS AFFECTED BY PROJECT (Criss	s for Veterans State	Grants	Jobs for Veter	ans State Grants		
S	itatewide					
11. PROPOSED PROJECT: Ending	Date:	a. Applicant	IONAL DISTRICTS OF:	i b. Project		
	ptember 30, 2007		Sacramento-3	Statewide (1-53)		
15. ESTIMATED FUNDING:		16. IS APP	LICATION SUBJECT TO REV	VIEW BY STATE EXECUTIVE		
a. Federal (www.of current funding)	\$17,562.0			CATION WAS MADE AVAILABLE		
b. Applicant	s		HE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 9/13/2006			
ç. State	\$	b , NO.	PROGRAM IS NOT COVERED BY E.O. 12372.			
d. Local	\$		OR, PROGRAM MAS NOT BEEN SELECTED BY STATE FOR REVIEW			
o. Other (TAP, Approved Special Initiatives)	\$1,240,0	17. IS APPL	IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
I. Program Income	\$	_	Yea If "Ya\$" attach en	oN X natenelaxe		
g. TOTAL	\$18,802,0	00				
IS AWARDED,	id belief, all data in ' Body of the applican	THIS APPLICATION IT AND THE APPL	INPREAPPLICATION ARE T ICANT WILL COMPLY WITH	RUE AND CORRECT. THE OOCUMENT HAS BEEN THE ATTACHED ASSURANCES, IF THE ASSISTANCE		
B. Authorized Representative						
Ma. First Name	•		Middle Name			
Last Nama		· · · · · · · · · · · · · · · · · · ·	Suffix			
Anderson b. Tipe						
			c. Telephane Number (give a	· 1		
Chief, Fiscal Programs Olvision d. Signan Authoroad Representative	<u> </u>		- Dam Sixd	(916) 654-8221		
Mattell	- Lean-		a. Data Signed	106		
Previous Edition Usable Authorized for Local Reproduction				Standard Form 424 (Rev. 9-2003)		

					Version 7/03
PPLICATION FOR EDERAL ASSISTANCI	F	2. DATE SUBMITTED		Applicant Identi	
		3. DATE RECEIVED BY	STATE	State Application	on identifier
TYPE OF SUBMISSION:	Pre-application	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifi	er
Construction	Construction	B. DAJE RECEIVED			
Non-Construction APPLICANT INFORMATIO	Non-Construction			A-	
pricant information			Organizational Uni	<u> </u>	
nta Cierita Community Colle	ege District	•			
renizational DUNS:			Division: Economic	Development	to be contected on matters
dress:	98121		Name and telepho Involving this app	ne number of pe lication (give are	rson to be contacted on matters a code)
eet: 26455 Rockwell Canyon Re	ned .		Prefix:	First Name:	ena
26455 ROCKWEII Carryon To			Middle Name		
Y: Santa Clarita			Last Name Malone		
unty: Los Angeles			Suffix:	-y	
ale: CA	Zip Code 91355		Forelli		
ountry: United States of America	1		Email: dena.malo	ney@canyons.edu	Fax Number (give area code)
EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		Phone Number (gl	/e area code)	661-362-3461
95-256136			661-362-3305	GANTA (Can be	ck of form for Application Types)
TYPE OF APPLICATION:					
	Vew Continue	ion Revision	I-State Controlled	institution of High	er Leaming
Revision, enter appropriate se back of form for descript	letter(s) in box(es)		Other (specify)		
	<u></u> l		9. NAME OF FED	ERAL AGENCY:	nic Development Administration
ther (epecify) O. CATALOG OF FEDERA			14 DESCRIPTIV	E TITLE OF APPL	ICANT'S PROJECT:
TITLE (Name of Program): 2. AREAS AFFECTED BY	PROJECT (Cities, Coun	tles, States, etc.):			
Cities: Santa Clarita, L. A., I	Burbank, San Femando, I	Lancaster, Palmdele		ONAL DISTRICT	S OF:
3. PROPOSED PROJECT			a. Applicant	ONAL DISTRICT	b. Project
Start Date: July 1, 2007	Ending Date: June 30, 2008		1 250	h	25th O REVIEW BY STATE EXECUTIV
S. ESTIMATED FUNDING	:		16, IS APPLICA ORDER 12372 P	ROCESS?	O REVIEW BY GIVE MADE
a. Federal	\$	1,375,918	a, Yes. THIS	PREAPPLICATION OF THE S	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1237
	- C	- Ui	PRO	CESS FOR REVI	EW ON
b, Applicant		1,375,918	DAT	E: Septemb	per 14,2006
c. State	S				OVERED BY E. O. 12372
d, Local	\$		D. 140, L		NOT BEEN SELECTED BY STATE
e. Other	5		 	* DELACIA/	
f. Program Income	\$	00	17. IS THE APP	LICANT DELINO	UENT ON ANY FEDERAL DEBT
- TOTAL	S	2,751,836	☐Yes If Yes"	attach en explane	tion. No
18. TO THE BEST OF MY	III Y AIII RURIZED D I	LIEF, ALL DATA IN THIS	APPLICATION/PREA OF THE APPLICANT	PPLICATION AR	E TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
ATTACHED ASSURANCE	S IF THE ASSISTANCE	IS MINIDED!		Alddle Name :	
Prefix Dr.	First Name Dlan	ne		G.	
Lest Name Van Hook			i		ber (give area code)
b. Title Superintendent-P	President	AMERICAN CONTRACTOR CONTRACTOR CONTRACTOR OF THE PROPERTY OF T		061-362-3400	(II)
d. Signature of Authorized	By Tipesophatiya	DECE	IVED	e. Date Signed 14 July 2006	
Providue Fallian Usable		- HEVE	=IVEU		Standard Form 424 (Rev.9- Prescribed by OMB Circular
Authorized for Local Repro	duction	SFP 1	4 2006		
•		, , , , , , , , , , , , , , , , , , , ,			

STATE CLEARING HOUSE

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OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for Federal As	aistance SF-424		Version 02
* 1. Type of Submission:	2. Type of Application:	* If Revision, select appropriate letter(s):	
Preapplication	✓ New		
Application	Continuation	* Other (Specify)	
Changed/Corrected Application	Revision		
3. Date Received:	4. Applicant Identifier:		RECEIVED
Completed by Grants.gov upon aubmission			SEP.1 5 2006
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	SEP 1 3 2000
			STATE CEEARING HOUSE
State Use Only:			
6. Date Received by State:	7. State Applicati	ion Identifier:	
8. APPLICANT INFORMATION:			,
a, Legal Name: The Regents of	the University of California		-
* b. Employer/Taxpayer Identificat	on Number (EIN/TIN):	*c. Organizational DUNS:	
95-6006145W		094876394	
d. Address:			
* Street1: Office of Re	search		
Street2: University of	California		
* City: Sante Barbe	ara		
County: Santa Barba	ora ,		•
* State:		CA: California	
Province:			
* Country:		USA; UNITED STATES	
* Zlp / Postal Code: 93106-2050			
e. Organizational Unit:	•		
Department Name:		Division Name:	
Marine Science institute			
f. Name and contact information	on of person to be contacted o	on matters involving this application:	·
Prefix: Dr.	First N	eme: Henry	
Middle Name: Mark			
* Lest Name: Page	AMP		
Suffix:			
Title: Associate Research Biological	gist		
Organizational Affiliation:			
University of California, Santa Ba	bara		
* Telephone Number: (806) 893	2675	Fax Number: (605) 893	-8062
* Email: page @lifescl.ucsb.ed	D. P. C.		

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OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Seleci Applicant Type:	- -
* Other (spec/fy):	
* 10. Name of Federal Agency:	•
National Oceanic and Almospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.463	
CFDA Title:	- .
Habitat Conservation	
* 12. Funding Opportunity Number:	
NMFS-HCPO-2007-2000767	
* Title:	
Implementation of Marine Protected Areas, Southern California Coast	
·	
Name of the state	
13. Competition Identification Number:	
2049488	
Title:	_
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Santa Barbara City and Sante Barbara County	7
* 15. Descriptive Title of Applicant's Project:	
Variation in Settlement and its Effect on Benthic Populations Inside and Outside of Marine Protected Areas	
Attach supporting documents as specified in agency instructions.	
Auchatechnanter (Deleteration) Metvatiechneiten	

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application f	for Federal Assistance SF-424	Version 02
16. Congression		
	23 b. Program/Project 23. 24	
Attach an additio	onal list of Program/Project Congressional Districts if needed.	
	Delete Attachment View Attachment	
17. Proposed Pr	Project:	
	03/01/2007 * b. End Date: 02/28/2008	
16. Estimated F	Funding (\$):	
* a. Federal	66,575.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Inc	0.00	
g. TOTAL	66,575.00	
21. *By signing herein are true comply with ar may subject m	plicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) No Explanation g this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements e, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to my resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims are to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) Intifications and securances, or an internet site where you may obtain this list, is contained in the announcement or agency	
Authorized Re		
Prefix:	Ms. * First Name: Cora	
Middle Name:		
* Last Name:	Diaz	
Suffix:		
* Title: Spons	sored Projects Officer	
* Telephone Nul	Imber: (805) 893-4035 Fax Number: (805) 693-2611	
• Email: dlaz	z@research.ucsb.adu	
* Signature of A	Authorized Representative: Completed by Grants.gov upon submission. • Date Signed: Completed by Grants.gov upon submission.	